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ABSTRACT

With the increasing threat of Acquired Immune Deficiency Syndrome (AIDS), intensive educational programs are implemented and/or planned worldwide. It is usually assumed that providing information and generating concern leads to AIDS-preventive behaviors. Attitude theory and research in social psychology does not necessarily support this assumption. Studies suggest that individuals may use defensive information screening and/or denial strategies to deal with the anxiety that is produced by such information. Also, research indicates that effects on behavior are mediated by normative factors that support or oppose them. With regard to sexual beliefs and behaviors, family, peer group, and sexual partner(s) are important normative groups for adolescents and young adults. The present investigation is aimed at measuring the relationship between these normative factors and AIDS-preventive behaviors in 274 college students in a small conservative town in the United States. Results indicated that, although knowledge level was high, a considerable proportion of the respondents were involved in risky behaviors. (Author)

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PERCEIVED PEER/FAMILY EFFECTS ON BELIEFS AND INTENTIONS OF COLLEGE STUDENTS REGARDING AIDS-PREVENTIVE BEHAVIORS

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(ABSTRACT)

With the increasing threat of AIDS, intensive educational programs are implemented and/or planned worldwide. It is usually assumed that providing information AND generating concern leads to AIDS-preventive behaviors. Attitude theory and research in social psychology does not necessarily support this assumption. Studies suggest that individuals may use defensive information screening and/or denial strategies to deal with the anxiety that is produced by such information. Also, research indicates that effects on behavior are mediated by normative factors that support or oppose them. With regard to sexual beliefs and behaviors, family, peer group, and sexual partner (s) are important normative groups for adolescents and young adults. The present investigation is aimed at measuring the relationship between these normative factors and AIDS-preventive behaviors in a sample of 274 college students in a small conservative southern town in the U. S. Results indicated that although knowledge level was high, a considerable proportion of the respondents are involved in risky behaviors.

Concern about the spread of AIDS to the adolescent population is increasing, and with good reason. More than 50% of the teens in America are sexually active by age 17, and more than one quarter are sexually active by the age of 15 (Childers, 1988). Furthermore, drug and alcohol use are prevalent among adolescents, are associated with sexual activity, and impair judgement. So with the increasing spread of AIDS, the threat to this age group will increase. Young people usually ignore threats of all types because they think the threats don't apply to them. In the case of AIDS, this denial is particularly dangerous. This 'illusion of invulnerability' is especially well-documented regarding perceptions of chances of pregnancy among adolescents. Birth control is not used because the adolescent distorts the probability of pregnancy, even though the knowledge may be present. The same distortion occurs with perceptions of AIDS risk among adolescents.

Of the college students in one study (McDermott, Hawkins, Moore, and Cittadino, 1987) 21% "did not relate the avoidance of casual sex with control of AIDS risk." In another study of college students, 30% indicated that they were not afraid of contracting AIDS (Goodwin & Roscoe, 1988). Other studies have shown even higher rates of unconcern. Simkins and Kushner (1986) found that 75% of college student respondents were not afraid of contracting AIDS and had not taken any precautions against the disease.

To compound the problem, Stall (1988) found that drug and/or alcohol use, frequently associated with sexual activity and with college life, causes people to neglect taking preventive measures. The lack of responsibility for taking preventive measures is astounding especially considering that AIDS is deadly and no cure has been found. Epidemiologists believe that most people infected with HIV will progress to the full blown disease AIDS (Moss, Osmond, & Bacchetti, 1988).

College students' lack of fear and/or cautions is apparently not due to lack of knowledge. The McDermott, et al. study (1987) found that college students' knowledge of important facts about AIDS was high. One continuing study by the National Center for Health Statistics shows that the general population's knowledge in many areas, particularly in regards to actual modes of transmission, is increasing (Dawson, 1988). The same study shows that knowledge of modes of transmission is moderate to high (Dawson, 1988).

Even though young people know how to prevent AIDS, that knowledge does not seem to lead to behavior (Simkins & Kushner, 1986). Those who have studied condom use for the prevention of AIDS have found that people generally do not use them regardless of their knowledge (Seigel & Gibson, 1988). "Most adults believe that they (and the people that they know) are at little or no risk of AIDS infection. Nine in 10 feel that there is no chance (60%) or a low chance (31%) of getting AIDS themselves (Dawson,

1988)". Leishman (1987) explains that, based on interviews of men and women across the country, "people perceive themselves to be immune and, moreover, possessed of an intuitive power that enables them to choose safe partners."

One psychotherapist explains part of the reason teens may not act on their knowledge. "Disavowal [of risk] helps maintain the aura of invincibility that accompanies youthful attitudes of risk-taking and sexual experimentation...The 'ego split' that occurs permits two currents to coexist; an acknowledgement of reality on the one hand along with belief in the desired situation on the other" (Widen 1987). This, she explains, is why students can have specific knowledge about AIDS prevention and still not be motivated to alter their behavior. A major question remains in the research on the psychology of AIDS: why do students not take precautions against AIDS? The inconsistency between knowledge and behavior known as the "health behavior gap" (Manning, Barenberg, Gallese, and Rice) can be explained in part by the attitudes of social groups such as family and peers toward condom use or other variables in th behavior pattern. Fear of the consequences of nonconformity is one variable which is probably very important in studying adolescent sexual behavior (Fisher, 1988). Fisher (1988) proposes that "the consistency or inconsistency between social norms and APB [AIDS-preventive behavior] is an important determinant of the type of social influence that networks and reference groups will exert

on members regarding APB." Variables that important people and groups in student lives may influence include: perceived susceptibility, perceived seriousness, perceived benefit, perceived barriers, and perceived intentions (Manning, et al., 1989). Furthermore, social groups can serve as important information sources.

An issue in need of research is the assumption that AIDS is more of a threat in large metropolitan communities than in small conservative towns. The same kind of illusion mentioned above is prevalent in small conservative communities as well. As an example, in the small college community under study here, there some resistance toward education and public discussion of AIDS has been present. Simply because the community is a Baptist one, it assumes that the youth are not sexually active. Attempts to facilitate access to condoms either through the student health services or through dispensing machines have created controversies on campus from both administration and students.

Also, some of the things we need to know in order to create programs to stop the spread of AIDS are: What are the barriers to condom use among young people? To whom do the young talk regarding the attitudes of important people toward AIDS and preventive measures such as condom use?

The present investigation is aimed at measuring the relationship between normative factors and AIDS-related beliefs and intentions. The research is aimed at gaining some

preliminary knowledge about these processes among a group of college students at Stetson University. Even though they may be wiser and more knowledgeable than their adolescent counterparts, how effectively are they are reacting to the threat of AIDS?

METHOD

Sample:

274 questionnaires were returned out of 500 sent through campus mail. The sample included 179 women, 91 men, and 4 who did not specify their sex. 91% of the subjects were between the ages of 18 and 23. 96% were undergraduates, with approximately equal percentages of freshman (25.5%), sophomores (28.1%), juniors (19.3%) and seniors (23.4%). Stetson, a Baptist-affiliated school, is a small, comprehensive liberal arts and business university. Its student population is almost entirely white, upper-middle class and relatively conservative. 94% of respondents identified themselves as heterosexual, and 3% as bisexual. None indicated that he/she was homosexual. Three percent did not specify their sexual orientation.

Procedure:

A cover letter was sent to inform students that they would be receiving the questionnaire and to ask them to participate. It explained that responses were anonymous and that they were not required to complete the survey. It also explained that if they wanted results of the study they could get them by mailing a card which would be sent separately to preserve anonymity. The

only incentive to participate was an explanation in the letter that by understanding more about sexual attitudes and behavior we can more effectively educate and possibly decrease the spread of AIDS. The three-page questionnaire followed the cover letter by two days. The questionnaire included a demographic section, and AIDS knowledge section, questions on normative influences, AIDS-related behaviors, attitudes about AIDS and its prevention, and behavioral intent. A reminder card was mailed after another two days. The following day, the same questionnaire was mailed again to the same people with a note asking them to fill it out if they had not already done so.

RESULTS AND DISCUSSION

Contrary to the assumptions among parents, 70% of college students reported themselves to be sexually active (4% did not respond). As you can see in Table 1, among those who were sexually active, almost 49% had just one sexual partner. Another 22% reported having 2, and 17% reported having 3 or 4 partners during the year. About 10% reported having 5 or more sexual partners in one year. The seriousness of the threat of AIDS should be very obvious to anyone who thinks about these statistics. But when it comes to perceived threat for self, or for others on campus, as expected, the threat is seem as very small. Among those who were sexually active, more than half (55%) did not perceive any threat to themselves for contracting AIDS, and 45% perceived only mild threat. When they were asked

about the threat of AIDS in their college community, the same attitude was more or less present, although, as expected, perceived threat was greater for others than for self.

It's apparent that there is a degree of the 'illusion of invulnerability' among the college students. The data shows that college students do know about AIDS, including how to prevent the disease. 95% of the respondents (N=273) got at least eleven of the thirteen knowledge questions correct. One third (91 respondents) got 11 out of 13 correct. Only thirteen respondents (4.8%) scored less than 11 on the true/false knowledge section. One might suspect that this is the result of lack of knowledge. However, students' knowledge regarding AIDS and its prevention was high. 95% of the respondents answered at least eleven of the 13 knowledge about causes, risks, and preventions. The knowledge, apparently, is not enough to lead students to perceive risks. As a matter of fact, from attitude and research in social psychology (fear appeals) we predict that the knowledge would create so much self-related fear that the youth would use distorting defense mechanism to deal with the fear.

Knowing, then, that students had the knowledge, but perceived low risk anyway, we have to find out what kinds of risk-related behaviors and preventions students practice. So students know how to prevent AIDS, but do they take precautions? Of the 192 sexually active students in the study, 51% reported taking precautions against AIDS. This could explain why they did

not think they were at risk. However, 46% of the sexually active reported not taking any precautions.

It seems that students are not afraid of contracting AIDS. Among sexually active students, 48% thought they had no chance of getting AIDS. Even among sexually active students taking NO precautions 51% thought they had no chance of getting AIDS. There is no difference in knowledge between sexually active respondents who take precautions and those who do not, with both mean knowledge scores equal to 12.01 out of 13. At the level of knowledge college students possess, taking precautions does not depend on knowledge. Increasing knowledge, then, will not necessarily encourage students to protect themselves from AIDS. Among the sexually active, there is no significant difference for precautions among those who perceive no threat of AIDS (mean=1.52) and those who perceive a threat (mean=1.46); (t=.85). Thus, whether or not students take precautions does not depend on perceived threat. The denial of risk explains this phenomenon.

Subjects were asked why they had not taken precautions. Table 2 shows that the most common reason for not taking precautions (60 responses, or 31% of the responses from sexually active students) was that a subject had only one partner. The second most frequent (32%) reason for not taking precautions was that students choose their sexual partners carefully. Obviously both of these could work fine. But as discussed by other

investigators (e.g. Siegel and Gibson, 1988), although choosing partners carefully might be effective in some cases, without extensive personal and medical history it may not be effective. Believing that one's sexual partner is safe and that one chooses one's partners carefully may be described as another illusion, the illusion of safeness, which leads to the illusion of invulnerability. The 46% of the sexually active students not taking precautions are probably at higher risk than they believe. Given that students could have many partners, one at a time, having one sexual partner may not be a very effective prevention. Furthermore, one's single sexual partner may have other sexual partners.

Knowing all of this, the next inquiry would be to determine the normative factors that influence the young people's perceptions and intentions regarding AIDS-preventive behaviors. Abstinence is one of the preventive behaviors that is heavily emphasized by parents, professionals, religious figures, and the campus administration at Stetson. But knowing the degree of sexual activity, the next most effective method, condom use, should be given attention.

We asked our subjects a series of questions to determine to whom they have talked about AIDS and about using condoms, their perceptions regarding these individuals' attitudes in this respect, and their motivations to comply with these normative expectations (cf. Ajzen and Fishbein, 1980 for discussions of

normative effects on intentions.) Tables 3 to 5 summarize the results of these inquiries. For the college students in our sample, the family is still very important. In response to a question worded: "how important is it for you to do what each of the following individuals thinks you should do?", family members received the highest mean ranking, followed by sexual partner. Health-care professionals, friends, professors, and clergy follow the family and sexual partner in importance. The family members are probably even more important in the younger age groups who are still in high school. The importance of educating the family, then, to get actively involved in discussing AIDS and related issues with young people is obvious.

When the subjects were asked with whom they have discussed AIDS during the last few months, the most frequent normative figures were, again, the family. Friends were the second, and regular sexual partner was the third, as you can see in Table 4. Please note that students reported rarely talking to health care professionals about AIDS.

Obviously, discussing AIDS with somebody and having the motivation to comply with his/her expectations is not enough to cause students to prevent AIDS unless that person approves of preventive behaviors. The subjects were asked to rate the degree to which each individual thinks using condoms was good or bad. This information is important in the light of the controversies regarding promoting the use of condoms, such as condom

distribution or vending machines. The results are summarized in Table 5. The health care professionals, professors, and family members are perceived to favor condom use more than the others. It is interesting and important to note that one's sexual partner was perceived to favor it the least except for the minister, creating a possible deterrent to condom use.

The importance of these last two findings is evident. The sexual partner's opinion was important but the issue of condom use is only moderately discussed with him/her, less that with family and friends, and he/she is perceived to be the least favorable towards condom use other than the minister. We need more research in this area to understand the implications of sucn perceptions. The present data suggest negative reactions towards condom use among the youth. As a matter of fact, 54% thought condoms would interfere with the enjoyment of sex and 69% thought condom use would cause inconvenience. No matter how favorably condoms are seen by the student and by important influences in his/her life, if condom use is perceived as too inconvenient or as decreasing the enjoyment of sex, there is little chance that they'll be used.

One final point is the degree to which the respondents expressed intentions to use condoms in the future. Table 6 shows that only 21% of respondents said they would use condoms every time they had genital sex. For oral sex, less than one percent said they would use condoms every time and only 10% said they

would ever use condoms. 22% of students in this study did not realize transmission may occur by oral sex but still will never use condoms seem to be affected by barriers to prevention such as perceived inconvenience and decreased enjoyment of sex.

CONCLUSION

The findings that knowledge is high, perceived threat is low, and that about half of students take precautions are important things to know in planning educational programs. Perhaps even more important is that, among those who do not take precautions against AIDS, the primary reasons are that students have one partner or choose their partners carefully. The implications of these results are that many of these students may ignore educational messages because they may feel the advice to use a condom does not apply to them. Thus, according to the Health Belief Model, though the knowledge is high, including perceived seriousness of AIDS, and perceived benefit of condoms in preventing AIDS, perceived susceptibility is low, so preventive behaviors are unlikely even though, as Table 6 shows, intentions toward AIDS-preventive behaviors are high. The health behavior gap must be due, then, to high perceived barriers to AIDS- preventive behaviors. Education then, must deal directly with perceived barriers. Fisher (1988) suggests three ways to increase AIDS-preventive behaviors using what we have learned about normative influences. First, we must sell APB using group-acceptance techniques, much the way mouthwash and toothpaste are

sold in the mass media. Second, education must be carried out at the level of the group. Third, efforts could convince students that preventive behaviors are consistent with group norms even without actually changing the norms. Effective educational efforts and normative influence are the only defense against this silent spread of AIDS among our nation's students. In conclusion, the barriers to condom use among adolescents are high, and include: "fear of consequences of nonconformity" to the sexual partner's wishes (Fisher, 1988), drug and alcohol use often associated with sexual activity, perceived inconvenience of condom use, and a perceived decrease in the enjoyment of sex. But most important, the risk of AIDS is denied by young people, and without perceived risk, there's no reason for one to take precautions. It has been assumed that the lack of precautions is due to lack of knowledge, but study after study has proven this theory incorrect. It has also been assumed that inducing fear is a way to encourage youth to take precautions, but increased fear may lead only to increased denial.

The answer to leading students to take precautions against AIDS seems to not in increasing the already sufficient level of knowledge or in inducing fear, but in decreasing the barriers to condom use. One important barrier is the perception of negative attitudes toward condom use by normative influences, especially the sexual partner.

Students must accept that having one carefully chosen

partner may decrease their risk of contracting AIDS, but is not infallible. That strategy, with condom use, is much better. Effective educational efforts using normative influence seem to be the best defense against this silent spread of AIDS among our nations students.

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Table 1. Number of Sexual Partners in the Last Year for Sexually Active Students

Number of Partners	Male		Female		Total	
	N	%	N	%	N	%
0	2	2.9	2	1.7	4	2.2
1	23	33.8	67	57.3	90	48.6
2	13	19.1	28	23.9	41	22.2
3-4	20	29.4	12	10.2	32	17.2
5-6	6	8.9	6	5.2	12	6.5
7+	4	4.5	2	2	6	3.1
TOTAL	68	100	117	100	185	100

Table 2 Reasons sexually active students (N=192) have for not taking precautions against AIDS

	Number of responses*	Percent of responses
I only have one partner	60	54.5
I choose my partners carefully	35	31.8
I didn't think I could get AIDS	8	7.3
It's too much trouble	4	3.6
I don't know how to prevent AIDS	1	1.0
My sexual partners were virgins	1	1.0
Other, unspecified	1	1.0

* Subjects could indicate more than one reason for not taking precautions.

Table 3. Importance of opinions of various figures in repentant's life

	very important	important	Not very important	Not at all important	mean
Family	43.8%	50.4%	4.4%	1.5%	3.36
Regular sexual partner	35.2	50.2	10.6	4.0	3.18
Health care professional	35.6	48.1	11.1	5.2	3.14
Friends	11.7	61.3	24.5	2.6	2.83
Professors	10.6	51.5	27.4	9.5	2.63
Minister	11.4	50.2	21.2	17.3	2.56
Roommate	5.1	42.0	32.3	20.6	2.33
Classmates	1.5	11.8	61.4	25.4	1.90

Table 4. Number of items students talked to important figures about AIDS in the last few months

	never %	1-2 times %	3-4 times %	frequently %	Mean
Family	24.8	51.5	17.0	6.7	2.06
Friends	11.0	50.0	25.4	13.6	2.01
Regular sexual partners	39.2	35.6	14.9	10.4	1.96
Roommate	43.9	36.5	13.3	6.3	1.82
Classmates	48.3	38.6	9.4	3.7	1.69
Health care professional	76.9	15.9	5.7	1.5	1.32
Professors	78.4	17.9	1.9	1.9	1.27
Minister	95.7	2.7	0	1.6	1.07

Table 5. Perceptions about the degree to which important others consider using condoms is good or bad

Normative agent:	very Good	Good	Bad	Very Bad	Mean
Health care professional	88.0	10.4	1.5	0.0	3.87
Professors	62.0	36.3	1.3	0.4	3.61
Family	63.8	29.6	4.6	1.9	3.56
Friends	56.4	38.3	4.1	1.1	3.50
Classmates	48.4	47.6	2.8	1.2	3.44
Roommate	56.7	31.8	7.3	4.3	3.41
Regular sexual partner	48.8	29.3	17.2	4.7	3.23
Minister	55.2	25.6	5.8	13.5	3.21

Table 6. Expressed intention to use condoms in the future

	will not do	never use condoms	use every time	most of the time	some of the time	missing
Genital	4%	14%	21%	26%	27%	9%
Oral	19	55	<1	1	8	16
Anal	76	5	3	2	3	11